

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	BIOINFORMATICALLY DETECTABLE GROUP OF NOVEL REGULATORY VIRAL AND VIRAL ASSOCIATED OLIGONUCLEOTIDES AND USES THEREOF																								
Application Number :																									
Date :																									
First Named Applicant:		Dr. Itzhak Bentwich																							
Attorney Docket Number:																									
Art Unit:		1631																							
Examiner :		Dr. Michael Woodward																							
TOTAL FEE AUTHORIZED \$ 941																									
Patent fees are subject to annual revisions on or about October 1st of each year.																									
Filing as small entity																									
BASIC FILING FEE																									
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>						Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees: \$ 385											
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EXTRA CLAIM FEES																									
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 15</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 15</td><td>12</td><td>2201</td><td>43</td><td>516</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 516</td></tr></tbody></table>						Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 15	0	2202	9	0	Independent Claims : 15	12	2201	43	516	Subtotal For Extra Claims Fees: \$ 516				
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ASSIGNMENT FEES																									
<table border="1"><thead><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="6">Subtotal For Additional Fees: \$40</td></tr></tbody></table>						Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40	Subtotal For Additional Fees: \$40							
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Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40																				
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AUTHORIZED BILLING INFORMATION																									
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																									
Deposit account number:		502830																							
Access Code		****																							
Deposit name:		ROSETTA GENOMICS LTD																							

Deposit authorized name: BENTWICH ITZHAK

Signature: ZB

Date (YYYYMMDD): 2004-03-29

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge the Issue Fee Set in 37 C.F.R. Section 1.18 at the Mailing of the Notice of Allowance

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.